

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Treasure State PAC

ADDRESS (number and street)

3242 Cummins Way

Check if different  
than previously  
reported. (ACC)

Missoula

MT

59802

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00433680

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☒ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
05 01 2017

through

M M M / D D D / Y Y Y Y Y Y  
05 31 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

McKeon, Mick, , ,

Type or Print Name of Treasurer

Signature of Treasurer

McKeon, Mick, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
06 20 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Treasure State PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2017

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2017</td></tr></table>	Y	Y	Y	Y	Y	2017						<table><tr><td colspan="5">70631.54</td></tr></table>	70631.54				
Y	Y	Y	Y	Y													
2017																	
70631.54																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">39934.54</td></tr></table>	39934.54															
39934.54																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">16500.00</td></tr></table>	16500.00					<table><tr><td colspan="5">161533.37</td></tr></table>	161533.37									
16500.00																	
161533.37																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">56434.54</td></tr></table>	56434.54					<table><tr><td colspan="5">232164.91</td></tr></table>	232164.91									
56434.54																	
232164.91																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">9838.67</td></tr></table>	9838.67					<table><tr><td colspan="5">185569.04</td></tr></table>	185569.04									
9838.67																	
185569.04																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">46595.87</td></tr></table>	46595.87					<table><tr><td colspan="5">46595.87</td></tr></table>	46595.87									
46595.87																	
46595.87																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Treasure State PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	1		2	0	1	7		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		3	1		2	0	1	7		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	53000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	53000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	11500.00	108000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	16500.00	161000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	533.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16500.00	161533.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16500.00	161533.37

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	9238.67	75179.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9238.67	75179.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	102500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	600.00	7890.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9838.67	185569.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9838.67	185569.04

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16500.00	161000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16500.00	161000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	9238.67	75179.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	533.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	9238.67	74645.67

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Treasure State PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Confederated Salish & Kootenai Tribes Of The Flathead Nation**

Mailing Address PO Box 278

City  
Pablo

State  
MT

Zip Code  
59855-0278

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 11 / 2017

**Transaction ID : VR05HKSVENT3**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 13

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. American Association Of Nurse Anesthetists**

Mailing Address 222 S Prospect Ave

C/O Finance Department

City

Park Ridge

State

IL

Zip Code

60068-4037

FEC ID number of contributing  
federal political committee.

C

C00173153

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

Transaction ID : VR05HKWKG25

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN**

Mailing Address 2350 Kerner Blvd

Ste 250

City

San Rafael

State

CA

Zip Code

94901-5596

FEC ID number of contributing  
federal political committee.

C

C00135681

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : VR05HKSMK08

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pfizer Inc. PAC**

Mailing Address 235 E 42Nd St

City

New York

State

NY

Zip Code

10017-5703

FEC ID number of contributing  
federal political committee.

C

C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2017

Transaction ID : VR05HKSMJY2

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

11500.00

TOTAL This Period (last page this line number only)..... ►

11500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. Campaign Compliance, Inc.**

Mailing Address 3242 Cummins Way

City  
MissoulaState  
MTZip Code  
59802-3222Purpose of Disbursement  
Accounting fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	3			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E0

Amount of Each Disbursement this Period

1067.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Chraca Friedman Group**

Mailing Address 659 Maryland Ave NE

City  
WashingtonState  
DCZip Code  
20002-5857Purpose of Disbursement  
PAC Fundraising consultant

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E7

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. First Interstate Bank**Mailing Address 1800 6Th Ave N  
PO Box 30918City  
BillingsState  
MTZip Code  
59101-1407Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	7			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E1

Amount of Each Disbursement this Period

9.95

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5077.20



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. First Interstate Bank**Mailing Address 1800 6Th Ave N  
PO Box 30918City  
BillingsState  
MTZip Code  
59101-1407Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				3	0		2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E8

Amount of Each Disbursement this Period

0.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Flathead County Democratic Comm.**

Mailing Address 633 Underhill Ct

City  
KalisPELLState  
MTZip Code  
59901-3583Purpose of Disbursement  
PAC Catering/meals

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	1		2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E1

Amount of Each Disbursement this Period

400.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll(vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	5		2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3D1

Amount of Each Disbursement this Period

1290.81

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1691.06

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. Alexa Feldman**Mailing Address 1500 Massachusetts Ave NW  
Apt 337City  
WashingtonState  
DCZip Code  
20005-1804Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3D)

Amount of Each Disbursement this Period

1290.81

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E3

Amount of Each Disbursement this Period

86.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E

Amount of Each Disbursement this Period

375.86

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

462.30

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	5			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3E5

Amount of Each Disbursement this Period

127.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll(vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3DY

Amount of Each Disbursement this Period

1290.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Alexa Feldman**Mailing Address 1500 Massachusetts Ave NW  
Apt 337City  
WashingtonState  
DCZip Code  
20005-1804Purpose of Disbursement  
Salary

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	1			2	0	1	7		

FEC Identification Number

C

Transaction ID : VQZ69AD3D;

Amount of Each Disbursement this Period

1290.80

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

1418.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

FEC Identification Number

C

Transaction ID : VQZ69AD3E9

Amount of Each Disbursement this Period

375.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll taxes

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

FEC Identification Number

C

Transaction ID : VQZ69AD3EA

Amount of Each Disbursement this Period

127.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Paychex**Mailing Address 3060 Williams Dr  
Ste 200City  
FairfaxState  
VAZip Code  
22031-4627Purpose of Disbursement  
Payroll expenses

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2017

FEC Identification Number

C

Transaction ID : VQZ69AD3EI

Amount of Each Disbursement this Period

86.44

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

589.81

9238.67

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Treasure State PAC

Full Name (Last, First, Middle Initial)

**A. Yellowstone County Democratic Central Com**

Mailing Address 625 Yellowstone Ave

City  
BillingsState  
MTZip Code  
59101-1624Purpose of Disbursement  
Nonfederal contribution

Candidate Name

Yellowstone County Democratic Central Com

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		18		2017

FEC Identification Number

C

Transaction ID : VQZ69AD3E2

Amount of Each Disbursement this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

600.00

600.00